Har-Bur Middle School

Serving Towns of Harwinton and Burlington

WASHINGTON, D.C. TRIP

Medical Consent/Authorization Form

I authorize the trip leaders from Har-Bur Middle School to:

- Represent me before any medical institution where it may be necessary to send my son/daughter while under their care (_____)
- Speak on my behalf if immediate authorization for surgery is required in the case of an emergency, and when medical authorities deem it necessary.
- Represent me while my son/daughter is under their custody.

Name of Student: _____
First Middle Last

Name of Parent/Guardian: _____
First Middle Last

Signature of Parent/Guardian: _____ Date: _____

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